

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	DID	DEP	DID	DEP	DID	DEP
1			1			
2						
3						
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5	1		1			
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16		2		2		
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TOTAL IND.	2		2			
TOTAL DEP.	18		18			
TOTAL CLAIMS	20		20			
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